Pineville Utility Commission

P.O. BOX 277

PINEVILLE, KENTUCKY 40977

MAR 26 2008

March 24, 2008

Vickie L. Prather, Acting Supervisor
Inventory and Data Management Section
KPDES Branch
Division of Water
14 Reilly Road
Frankfort, KY 40601

Re: City of Pineville, Bell County Kentucky
KPDES #0024058
Wastewater Treatment Plant Permit Renewal Application

Dear Vickie:

Enclosed please find KPDES Form 1 and the pertinent sections of KPDES Form A relative to renewal of KPDES permit #0024058 for the Pineville wastewater treatment plant.

Given that this is a new format form, I fully expect that you will have questions and perhaps requests for additional information. Please contact me at 606-337-6611 or by e-mail at billbunch@bellsouth.net for a prompt response.

Please contact me if you have questions or concerns.

Sincerely,

Bill Bunch
Manager

Bill Bunch

From: Prather, Vickie (EPPC DEP DOW) [Vickie.Prather@ky.gov]
Sent: Tuesday, March 04, 2008 12:59 PM
To: Bill Bunch
Subject: RE: Request for Extension of Time: Pineville WWTP KPDES Permit Application

Hi Bill,

I have approved your extension request for the application renewal through March 31, 2008.

If you need further time or have further questions, please feel free to contact me.

Thanks,

Vickie L. Prather
DOW/KPDES Branch
502-564-8158 ext. 470

From: Bill Bunch [mailto:billbunch@bellsouth.net]
Sent: Tuesday, March 04, 2008 10:58 AM
To: Prather, Vickie (EPPC DEP DOW)
Subject: Request for Extension of Time: Pineville WWTP KPDES Permit Application

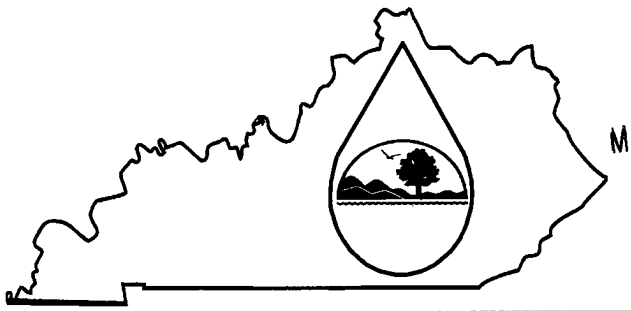
Vickie,

I have been unable to complete the application for renewal of KPDES permit #KY0024058, City of Pineville, Wastewater Treatment Plant. Its due date is March 5, 2007. I am working diligently on it but am having to locate and compile a database of information required for the application that was not required on previous applications.

I respectfully request an extension of time to March 31, 2008 for submission of the application and will make every effort to submit it at the earliest possible date prior to March 31. I appreciate your consideration of this request. Please contact me if you have questions or concerns.

Bill Bunch
Pineville Utility Commission
Phone: 606-337-6611
Fax: 606-337-6846
Cell: 606-269-1428

KPDES FORM 1



MAR 26 2008

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
- ☐ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.
  Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Form SC

For additional information contact:
KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE
A. Name of business, municipality, company, etc. requesting permit City of Pineville, Kentucky	
B. Facility Name and Location	C. Primary Mailing Address (all facility correspondence will be sent to this address). **Include owner mailing address on a separate sheet if different.**
Facility Location Name: City of Pineville, Pineville Utility Commission, Pineville, KY	Facility Contact Name and Title: Mr. ☒ Ms. ☐ Bill Bunch, Manager
Facility Location Address (i.e. street, road, etc., **not PO Box**): Stewart Branch Road	Mailing Address: PO Box 277
Facility Location City, State, Zip Code: Pineville, KY 40977	Mailing City, State, Zip Code: Pineville, KY 40977
	Facility Contact Telephone Number: 606-337-6611

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Collection and treatment of sewage for the city of Pineville, Kentucky.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	4952		
Other SIC Codes:			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Bell	City where facility is located (if applicable): Pineville
C. Body of water receiving discharge: Cumberland River	
D. Facility Site Latitude (degrees, minutes, seconds): 36 deg, 46.33 min	Facility Site Longitude (degrees, minutes, seconds): 83 deg, 43.04 min
E. Method used to obtain latitude & longitude (see instructions):	GIS Data, Vaughn & Melton Consulting Engineers
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	N/A

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:
☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:	Telephone Number:
Michael R. Adkins	606-337-6614
Operator Mailing Address (Street): PO Box 277	
Operator Mailing Address (City, State, Zip Code): Pineville, KY 40977	
Is the operator also the owner? Yes ☐ No ☒	Is the operator certified? If yes, list certification class and number below. Yes ☒ No ☐
Certification Class: III	Certification Number: 05156

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:	Issue Date of Current Permit:	Expiration Date of Current Permit:
KY-0024058	September 1, 2003	August 31, 2008
Number of Times Permit Reissued:	Date of Original Permit Issuance:	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	Michael R. Adkins
DMR Official Telephone Number:	606-337-6614

B. DMR Mailing Address:
- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:	
DMR Mailing Address:	
DMR Mailing City, State, Zip Code:	

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

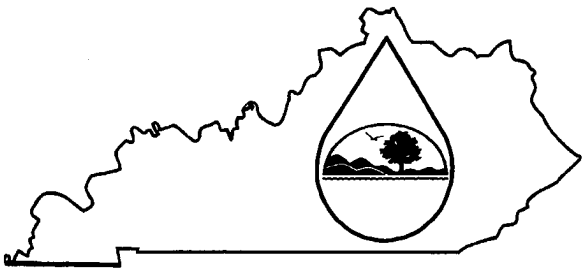
Facility Fee Category:	Filing Fee Enclosed:
Public Owned Treatment Works (No Fee Due)	$0

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. ☒ Ms. ☐ Bill Bunch, Manager	606-337-6611
SIGNATURE	DATE:
	~~02-18-08~~ 3-24-08

KPDES FORM A



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

MAR 26 2008

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch (502) 564-3410.

APPLICATION OVERVIEW	AGENCY USE							

Form A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: CITY OF PINEVILLE, PINEVILLE UTILITY COMMISSION, WASTEWATER TREATMENT PLANT

Mailing Address: P. O. Box 277

PINEVILLE KY 40977

Contact person: BILL BUNCH

Title: MANAGER

Telephone number: 606-337-6611

Facility Address: STEWART BRANCH ROAD

(not P.O. Box) PINEVILLE KY 40977

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name

Mailing Address

Contact person

Title

Telephone number

Is the applicant the owner or operator (or both) of the treatment works?

☒ Owner ☒ Operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☒ Facility ☐ Applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

KPDES KY0024058 PSD

UIC Other

RCRA Other

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
PINEVILLE	2,010	PORTIONS COMBINED	MUNICIPAL

Total population served 2,010

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.721 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	0.540	0.470	0.410	mgd
c. Maximum daily flow rate	0.720	0.630	0.580	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☑	Separate sanitary sewer	25 %
☑	Combined storm and sanitary sewer	75 %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ☑ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent	1
ii. Discharges of untreated or partially treated effluent	
iii. Combined sewer overflow points	2
iv. Constructed emergency overflows (prior to the headworks)	
v. Other _____	

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ☐ Yes ☑ No

If yes, provide the following <u>for each surface impoundment</u>:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge ☐ continuous or ☐ intermittent?

c. Does the treatment works land-apply treated wastewater? ☐ Yes ☑ No

If yes, provide the following <u>for each land application site</u>:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ mgd

Is land application ☐ continuous or ☐ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ☐ Yes ☑ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

_____

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the KPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? ☐ Yes ☑ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

_____

Annual daily volume disposed of by this method: _____

Is disposal through this method ☐ continuous or ☐ intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number 001

b. Location

PINEVILLE (City or town, if applicable) 40977 (Zip Code)

BELL (County) KY (State)

CUMBERLAND RIVER AT MILE POINT 652.7 (Latitude) 36.46.33/83.43.04 (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Average daily flow rate 0.580 mgd (2007)

f. Does this outfall have either an intermittent or a periodic discharge? ☐ Yes ☑ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs: _____

g. Is outfall equipped with a diffuser? ☐ Yes ☑ No

A.10. Description of Receiving Waters.

a. Name of receiving water CUMBERLAND RIVER

b. Name of watershed (if known) _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known): _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

d. Critical low flow of receiving stream (if applicable):
acute _____ cfs chronic _____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of $CaCO_3$

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

☑ Primary ☑ Secondary

☑ Advanced ☐ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	90	%
Design SS removal	90	%
Design P removal	NA	%
Design N removal	below 10 mgls	%
Other _____		%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

_____

If disinfection is by chlorination, is dechlorination used for this outfall? ☑ Yes ☐ No

d. Does the treatment plant have post aeration? ☐ Yes ☑ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.47	s.u.			
pH (Maximum)	6.76	s.u.			
Flow Rate	0.790	MGD	0.490	MGD	12 Cont
Temperature (Winter)					
Temperature (Summer)					

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN	BOD-5	12.5	MG/L	7.17	MG/L	52		
DEMAND (Report one)	CBOD-5							
FECAL COLIFORM		174.92		4.67		52		
TOTAL SUSPENDED SOLIDS (TSS)		73.59	mg/L	39.86	MG/L	52		

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

_____ gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

_____

_____

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☐ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

_____

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes ☐ No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	_____	_____
– End construction	_____	_____
– Begin discharge	_____	_____
– Attain operational level	_____	_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: _____

_____

B.6. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: _____

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form A, as explained in the Application Overview. Indicate below which parts of Form A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form A you have completed and are submitting:

☑ Basic Application Information packet
PART A

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☐ Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: BILL BUNCH, MANAGER

Signature: [signature]

Telephone number: 606-337-6611

Date signed: 3-24-08

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

Division of Water, KPDES Branch
Inventory & Data Management Section
Frankfort Office Park
14 Reilly Road
Frankfort, Kentucky 40601

For additional information call: (502) 564-2225, extension 465.

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 003 BALLPARK

b. Location

PINEVILLE	40977
(City or town, if applicable)	(Zip Code)
BELL	KY
(County)	(State)
36°45'48"	83°42'01"
(Latitude)	(Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Which of the following were monitored during the last year for this CSO?

☑ Rainfall ☐ CSO pollutant concentrations ☐ CSO frequency

☐ CSO flow volume ☐ Receiving water quality

f. How many storm events were monitored during the last year? 0

G.4. CSO Events. N/A

a. Give the number of CSO events in the last year.

_____ events (☐ actual or ☐ approx.)

b. Give the average duration per CSO event.

_____ hours (☐ actual or ☐ approx.)

c. Give the average volume per CSO event.

_____ million gallons (☐ actual or ☐ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: CUMBERLAND RIVER

b. Name of watershed/river/stream system: _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

N/A

END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE.

Additional information, if provided, will appear on the following pages.

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 002 McDONALDS / MTN. VIEW

b. Location

PINEVILLE	40977
(City or town, if applicable)	(Zip Code)
BELL	KY
(County)	(State)
36°45'54"	83°42'01"
(Latitude)	(Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Which of the following were monitored during the last year for this CSO?

☑ Rainfall ☐ CSO pollutant concentrations ☐ CSO frequency

☐ CSO flow volume ☐ Receiving water quality

f. How many storm events were monitored during the last year? ϕ

G.4. CSO Events. N/A

a. Give the number of CSO events in the last year.

_____ events (☐ actual or ☐ approx.)

b. Give the average duration per CSO event.

_____ hours (☐ actual or ☐ approx.)

c. Give the average volume per CSO event.

_____ million gallons (☐ actual or ☐ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: CUMBERLAND RIVER

b. Name of watershed/river/stream system: _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

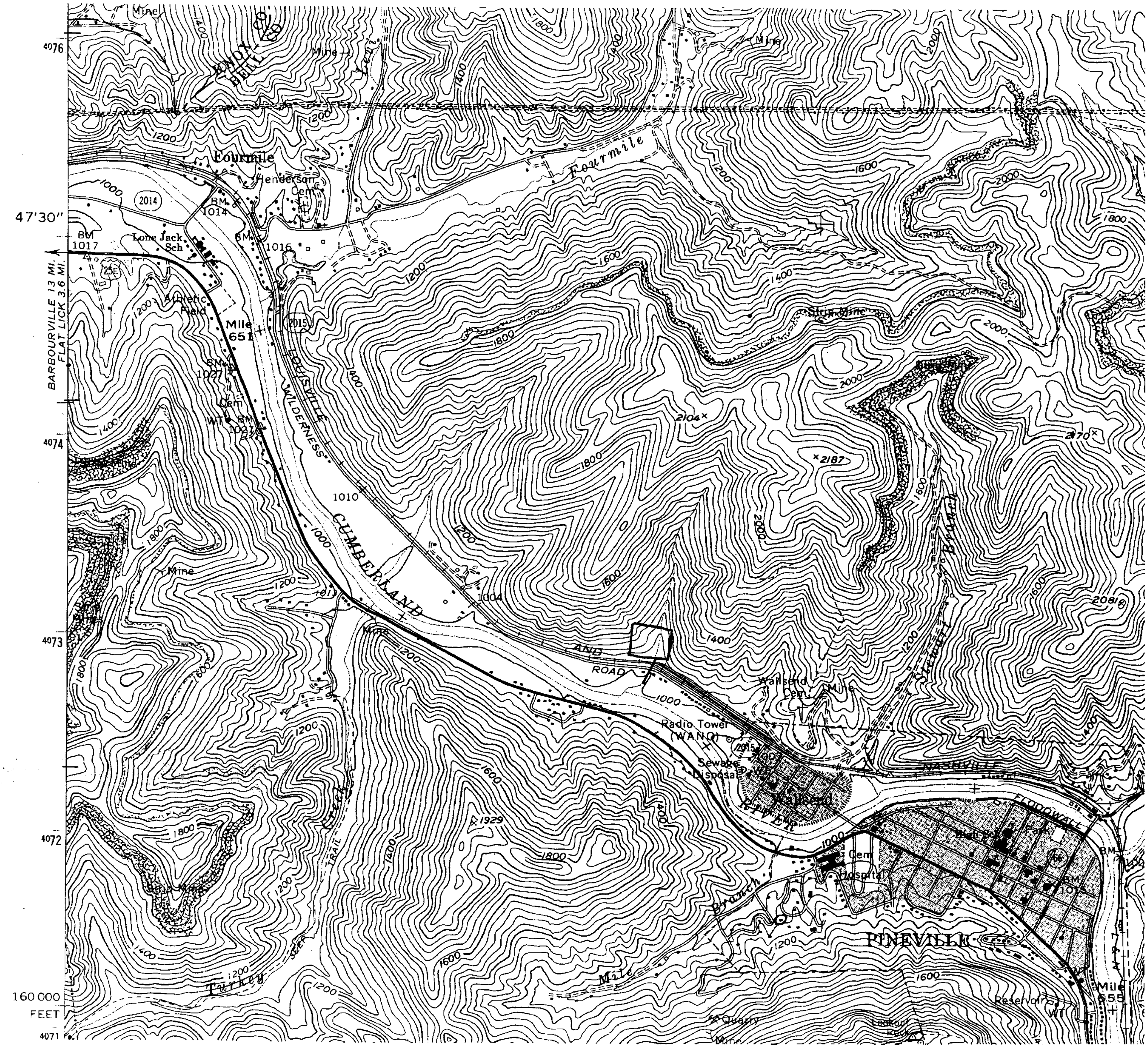
G.6. CSO Operations.

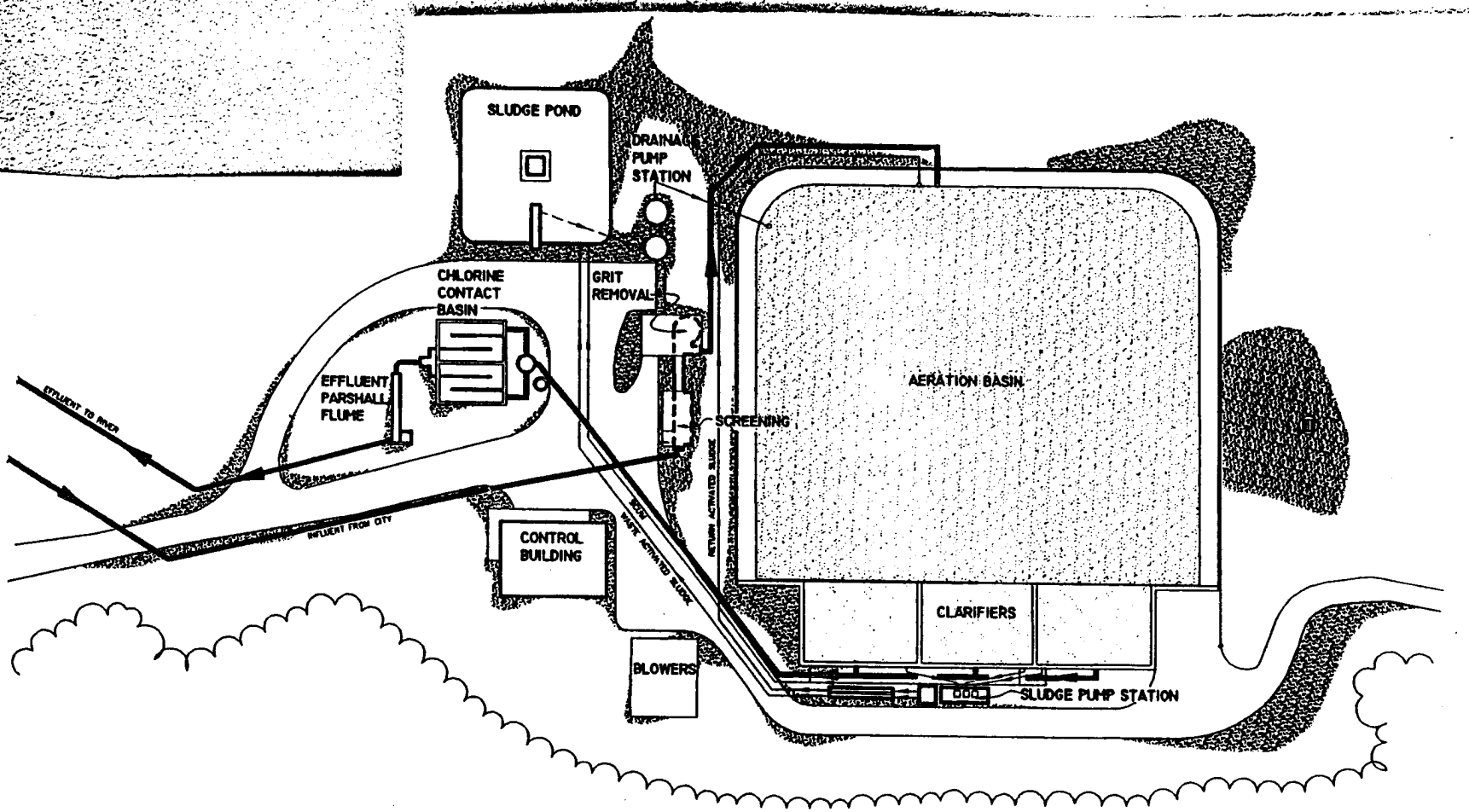
Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

N/A

END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE.

Additional information, if provided, will appear on the following pages.


Fourmile
Henderson Cem
Lone Jack Sch
Athletic Field
Mile 651
BM 1017
BM 1014
BM 1016
47'30"
BARBOURVILLE 13 MI.
FLAT LICK 3.6 MI.
LOUISVILLE
WILDERNESS
CUMBERLAND
AND
ROAD
NASHVILLE
RIVER
Wallsend
Wallsend Cem
Radio Tower (WANO)
Sewage Disposal
Strip Mine
Mine
Branch
Turkey
TRAIL
Cem
Hospital
PINEVILLE
FLOODWALL
Reservoir
Quarry
Lookout Rock
Mile 655
×2187
2104×
×1929
4076
4074
4073
4072
4071
160 000 FEET


SLUDGE POND
DRAINAGE PUMP STATION
CHLORINE CONTACT BASIN
GRIT REMOVAL
EFFLUENT PARSHALL FLUME
EFFLUENT TO RIVER
INFLUENT FROM CITY
SCREENING
AERATION BASIN
CONTROL BUILDING
RETURN ACTIVATED SLUDGE
WASTE ACTIVATED SLUDGE
CLARIFIERS
BLOWERS
SLUDGE PUMP STATION

Pineville Utility Commission
Data for KPDES Permit Renewal
Wastewater Treatment Plant

	Avg Nitrogen	Max Nitrogen	Avg Ammonia	Max Ammonia	Avg Infl Flow	Max Infl Flow	Avg Eff Flow
2005 Jan	26.97	35.06	5.50	7.80	0.588	0.781	0.588
Feb	24.94	35.95	4.75	6.40	0.628	0.766	0.628
Mar	18.90	22.02	3.60	5.00	0.632	0.826	0.632
Apr	18.71	29.08	3.43	5.90	0.664	0.828	0.664
May	8.74	17.43	1.90	3.90	0.560	0.739	0.560
Jun	8.76	30.47	1.90	6.40	0.494	0.768	0.494
Jul	8.20	19.25	1.80	4.50	0.570	0.803	0.570
Aug	5.05	14.38	1.30	3.60	0.452	0.581	0.452
Spt	12.38	25.46	3.10	6.40	0.490	0.550	0.490
Oct	4.80	7.61	1.30	2.00	0.455	0.542	0.455
Nov	10.77	28.16	2.30	5.60	0.537	0.721	0.537
Dec	3.58	9.97	1.00	2.80	0.460	0.701	0.460
2006 Jan	4.78	7.71	1.00	1.70	0.599	0.831	0.599
Feb	5.59	13.24	1.10	2.50	0.597	0.694	0.597
Mar	3.37	4.12	0.70	1.10	0.560	0.717	0.560
Apr	4.05	6.19	0.80	1.10	0.585	0.715	0.585
May	2.07	2.61	0.60	0.80	0.406	0.520	0.406
Jun	16.00	25.67	4.30	9.00	0.419	0.574	0.419
Jul	17.13	26.97	6.00	10.40	0.385	0.598	0.385
Aug	39.30	50.40	12.80	16.80	0.356	0.566	0.356
Spt	12.86	27.52	3.60	7.30	0.386	0.575	0.386
Oct	6.05	8.02	1.70	2.50	0.419	0.566	0.419
Nov	5.36	8.07	1.40	2.20	0.472	0.583	0.472
Dec	8.43	21.13	2.70	7.00	0.397	0.651	0.397
2007 Jan	7.35	11.06	1.80	2.80	0.466	0.789	0.466
Feb	7.48	12.93	2.40	4.20	0.372	0.764	0.372
Mar	5.47	11.19	1.50	3.10	0.455	0.690	0.455
Apr	8.57	17.20	2.30	4.20	0.491	0.590	0.491
May	5.70	13.77	1.70	4.20	0.428	0.600	0.428
Jun	36.88	76.19	11.20	17.40	0.375	0.525	0.375
Jul	41.40	59.50	12.70	18.80	0.425	0.626	0.425
Aug	18.55	26.78	6.40	9.20	0.359	0.414	0.359
Spt	2.05	3.20	0.70	1.10	0.329	0.472	0.329
Oct	3.14	4.75	1.00	1.70	0.367	0.454	0.367
Nov	2.40	3.76	0.60	0.80	0.400	0.564	0.400
Dec	2.36	4.33	0.70	1.40	0.404	0.508	0.404

Max Eff Flow	Avg Chlorine	Max Chlorine	Avg Fecal	Max Fecal	% Remove BOD 5D	% Remove TSS	DO	Loading Avg Raw BOD 5D
0.781	0.01	0.01	29.06	264	86	91	7.3	634.16
0.766	0.01	0.01	0.01	0	95	98	7.1	395.29
0.826	0.01	0.01	0.00	0	97	99	7.1	821.65
0.828	0.00	0.00	0.00	0	95	99	6.9	1,512.00
0.739	0.01	0.01	21.21	45	95	98	6.9	1,069.10
0.768	0.01	0.01	48.00	718	95	97	6.9	1,120.20
0.803	0.01	0.01	12.82	27	94	98	7.0	1,346.30
0.581	0.01	0.01	0.00	0	97	98	7.1	549.63
0.550	0.01	0.01	0.00	0	98	99	6.9	524.25
0.542	0.01	0.01	11.58	18	99	98	7.1	1,097.10
0.721	0.01	0.01	0.00	0	98	99	7.0	1,813.00
0.701	0.01	0.01	14.63	55	97	97	7.2	910.56
0.831	0.01	0.01	12.37	29	99	99	6.8	1,084.80
0.694	0.01	0.01	0.00	0	99	98	7.1	1,077.30
0.717	0.01	0.01	0.00	0	98	99	7.1	1,004.60
0.715	0.01	0.01	0.00	0	98	99	6.9	685.73
0.520	0.01	0.01	14.72	69	97	98	6.9	417.91
0.574	0.01	0.01	0.00	0	98	98	7.0	698.89
0.598	0.01	0.01	0.00	0	98	99	6.5	1,242.40
0.566	0.01	0.01	0.00	0	97	97	6.8	1,495.20
0.575	0.01	0.01	0.00	0	99	99	7.0	1,413.80
0.566	0.01	0.01	25.12	1,000	99	99	7.0	1,549.60
0.583	0.01	0.01	0.00	0	99	99	7.1	1,279.20
0.651	0.01	0.01	14.95	50	99	98	7.1	1,453.10
0.789	0.01	0.01	0.00	0	98	98	7.1	1,391.50
0.764	0.01	0.01	0.00	0	98	93	6.9	1,706.70
0.690	0.01	0.01	0.00	0	96	95	7.0	645.89
0.590	0.01	0.01	0.00	0	95	95	6.9	901.56
0.600	0.01	0.01	0.00	0	96	97	7.0	591.50
0.525	0.01	0.01	0.00	0	96	92	6.9	785.29
0.626	0.01	0.01	15.00	79	95	91	5.8	924.11
0.414	0.01	0.01	12.00	20	97	98	5.9	696.07
0.472	0.01	0.01	0.00	0	98	98	6.0	1,290.40
0.454	0.01	0.01	29.00	2,000	98	98	6.3	531.30
0.564	0.01	0.01	0.00	0	98	97	6.0	599.39
0.508	0.01	0.01	0.00	0	98	98	6.2	568.36

Loading Max Raw BOD 5D	Concen Avg Eff BOD 5D	Concen Max Eff BOD 5D	Loading Avg Gross BOD 5D	Loading Max Gross BOD 5D	Concen Avg Gross BOD 5D	Concen Max Gross BOD 5D	Concen Min Eff pH	Concen Max Eff pH
1,038.4	132	231	90.84	130.75	18	26	6.4	6.7
621.5	75	106	21.35	33.18	4	6	6.6	6.8
1,630.1	156	290	19.91	37.40	4	6	6.6	6.9
2,094.5	278	384	72.50	85.92	14	17	6.5	6.9
1,778.0	237	378	53.97	89.37	12	19	6.5	6.8
1,891.0	251	299	55.08	101.86	12	23	6.5	6.8
3,542.7	232	529	61.87	132.63	13	31	6.6	6.9
1,068.8	145	278	16.11	23.97	4	6	6.5	6.9
763.0	132	178	12.52	15.91	3	4	6.5	6.8
1,826.1	287	460	15.12	26.62	4	7	6.6	6.8
4,103.0	386	816	28.22	40.23	7	10	6.7	6.9
2,168.8	257	609	30.72	85.47	8	24	6.7	6.9
1,623.8	242	305	14.20	19.37	3	3	6.6	6.9
1,456.4	218	275	16.22	21.88	3	4	6.7	6.8
1,957.7	203	388	25.08	34.68	5	6	6.6	6.9
1,390.5	135	247	15.66	17.11	3	4	6.6	6.9
514.5	124	191	13.20	16.16	4	6	6.6	7.1
1,508.0	173	315	16.01	28.72	4	6	6.8	6.9
2,850.3	436	960	23.63	33.72	8	13	6.6	6.8
2,801.2	504	933	38.90	93.10	13	31	6.5	6.8
1,971.5	413	636	15.28	30.16	4	8	6.6	6.8
2,605.7	418	699	13.81	28.32	4	6	6.6	6.9
3,346.7	344	912	11.68	13.39	0	0	6.6	6.9
3,332.7	463	1,110	13.43	24.02	4	8	6.5	6.8
3,198.5	323	636	26.88	65.38	6	13	6.6	6.9
3,029.6	560	1,032	29.63	52.32	10	17	6.7	6.9
1,058.3	171	270	21.25	36.11	6	10	6.4	6.8
2,225.2	223	495	42.32	82.62	12	26	6.6	6.8
803.0	167	245	20.42	22.94	6	7	6.7	6.9
1,725.2	292	706	36.90	78.81	11	18	6.6	6.8
2,384.9	278	737	51.95	84.13	15	26	6.0	6.8
1,162.5	228	352	21.60	42.93	7	13	6.6	6.8
1,746.4	445	600	23.96	34.44	9	14	6.4	6.6
837.4	173	308	0.00	0.00	0	0	6.3	6.7
882.2	170	239	14.07	22.72	4	6	6.3	6.5
792.1	172	256	0.00	0.00	0	0	6.4	6.6

Loading Avg Inf TSS	Loading Max Inf TSS	Concen Avg Inf TSS	Concen Max Inf TSS	Loading Avg Eff TSS	Loading Max Eff TSS	Concen Avg Eff TSS	Concen Max Eff TSS	Loading Avg Inf Nitro
1,447.54	3,254.57	303	724	125.22	173.69	26	39	26.52
1,011.99	1,174.08	193	221	21.11	38.71	4	7	21.89
1,674.30	3,941.60	304	694	11.79	15.06	2	3	31.02
5,257.80	7,985.60	939	1,250	56.20	102.20	10	16	28.48
2,924.12	4,821.35	662	1,025	53.43	67.05	12	15	31.41
3,232.83	2,394.76	539	730	53.25	104.48	12	24	45.46
2,492.83	5,116.52	443	764	45.82	72.73	9	17	30.24
1,136.36	1,345.66	304	350	14.04	26.91	4	7	38.10
1,841.70	3,451.72	463	875	24.06	39.45	6	10	43.58
1,785.04	3,890.44	463	980	23.53	31.76	6	8	41.90
3,761.74	9,152.82	792	1,820	27.78	55.04	7	15	36.89
1,671.43	3,975.51	392	680	49.32	105.23	13	18	29.48
2,214.37	3,227.58	462	530	27.66	51.64	6	9	28.34
1,958.77	2,762.88	395	505	36.50	44.04	8	10	29.47
2,505.60	4,742.96	511	940	28.99	46.24	6	8	23.89
2,782.61	5,038.40	554	895	24.62	39.41	5	7	31.52
1,184.34	1,844.47	330	456	20.50	44.49	6	11	30.92
1,370.52	1,579.76	357	388	26.92	47.87	7	10	31.36
1,604.82	3,185.11	575	1,228	21.28	26.72	7	9	33.35
2,147.70	3,446.80	708	1,148	70.50	150.10	23	50	34.70
1,317.12	3,226.85	366	856	15.41	23.35	5	7	33.11
1,850.26	2,363.10	513	720	18.31	33.04	5	7	30.27
3,173.67	7,265.81	837	1,980	35.78	62.47	9	14	37.90
1,435.04	2,930.34	460	976	23.31	27.79	7	8	35.97
1,354.32	1,911.03	332	410	32.87	65.38	8	13	21.20
672.93	963.44	210	304	47.38	70.78	15	23	27.04
821.53	907.59	221	246	35.71	50.96	10	13	19.75
767.10	1,416.01	199	315	40.20	80.91	10	18	32.43
800.70	1,041.50	221	280	25.37	45.89	7	14	27.03
1,045.21	1,881.59	365	770	105.11	284.60	29	65	27.84
1,282.30	2,297.50	385	710	114.22	152.09	34	47	32.42
616.91	726.58	206	240	12.52	23.29	4	8	29.96
1,330.51	2,235.39	450	768	20.05	43.53	8	17	33.53
998.82	1,533.89	322	418	14.12	24.35	5	8	33.15
588.12	956.85	168	298	17.42	19.67	5	6	27.24
573.19	1,021.07	171	330	13.35	21.66	4	7	26.87

Loading Max Inf Nitro	Concen Avg Inf Amm	Concen Max Inf Amm
32.82	5.4	7.3
24.62	4.1	4.2
51.12	5.9	9.5
35.98	5.3	7.3
47.51	7.3	10.1
69.53	10.3	15.7
39.31	6.5	9.8
54.73	10.1	13.7
50.89	11.0	12.9
50.02	11.1	12.6
42.24	8.4	10.4
44.87	8.5	12.6
45.07	6.7	11.8
46.75	6.1	10.1
34.04	5.3	7.8
39.41	6.6	8.7
33.83	9.1	11.5
55.05	8.0	12.6
50.06	11.7	19.3
46.10	11.4	15.7
58.05	9.5	15.4
47.29	8.8	16.2
56.51	10.0	15.4
41.29	11.2	12.9
32.79	5.2	8.4
30.82	8.4	9.0
24.92	5.3	6.7
40.99	9.1	12.9
33.99	7.6	10.1
36.90	9.5	15.1
62.45	9.6	19.3
38.42	10.0	13.2
39.88	11.9	13.7
46.24	10.8	14.0
33.39	7.6	10.4
34.65	8.1	11.2